

FEE REPORT

STRONG MOTION INSTRUMENTATION AND SEISMIC HAZARD MAPPING FEE FOR THE QUARTER _____ THROUGH _____ YEAR _____

*California Department of Conservation
Division of Administrative Services - Accounting Office*

1. Name of [] City or [] County: _____
for which fees are being remitted

Prepared By: _____ Agency: _____

Mailing Address: _____
Number Street

City State Zip Code

Contact Person: _____ Phone No.: _____

- 2a. Total Valuation of Category 1* Building Permits over \$5,000
(1 to 3 story Residential) \$ _____
- b. Total Fees for Category 1 Permits over \$5,000 \$ _____
\$10 per \$100,000 Permit Valuation (\$7 for *Strong Motion*
Instrumentation, \$3 for *Seismic Hazard Mapping*)
- 3a. Total Valuation of Category 2* Building Permits over \$2,381
(Commercial) \$ _____
- b. Total Fees for Category 2 Permits over \$2,381 \$ _____
\$21 per \$100,000 Permit Valuation (\$15 for *Strong Motion*
Instrumentation, \$6 for *Seismic Hazard Mapping*)
4. Total Fees Collected for Category 1 Permits under \$5,000
and for Category 2 Permits under \$2,381 (\$.50 Fees) \$ _____
- 5a. **Total Fees Collected** (Line 2b + Line 3b + Line 4) \$ _____
- b. **Less:** Fees withheld for seismic education and data utilization
by Local Agency (up to a maximum of 5% of Line 5a) - _____
6. **TOTAL FEES ENCLOSED** (Line 5a - Line 5b) \$ _____

Structure types are described on enclosed fee schedules.

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

Authorized Signature

Position Title

Date

Please make checks payable to **Department of Conservation**. Mail check along with the **Fee Report** form to: **Division of Administrative Services Accounting Office 801 K Street, MS 22-15 Sacramento, CA 95814-3531.**